

MEDICAL ASSISTANCE ADMINISTRATION  
DIVISION OF CLIENT SERVICES  
JULY 1994

DIRECTOR

		----- Secretary
FAMILY SERVICES	-----	-----ELIGIBILITY POLICY AND PROGRAM SUPPORT
REFERRAL AND INFORMATION SERVICES	-----	-----CENTRAL MEDICAL ELIGIBILITY

- ELIGIBILITY POLICY AND PROGRAM SUPPORT

Develops and formulates medical program financial eligibility policies and procedures. Coordinates administration-wide development and promulgation of Washington Administrative Code. Coordinates the development of Title XIX State Plan. Responds to requests for interpretation of regulations. Develops and implements statewide Medicaid quality control corrective action activities. Represents the administration in the six DSHS Regions. Coordinates client -oriented legal activities including litigation and fair hearings. Administers the state funded kidney dialysis program.

- CENTRAL MEDICAL ELIGIBILITY

A centralized state-wide eligibility section located in Olympia/Lacey area that makes Medicaid eligibility determinations for children under age 19 with family income at or below 200% FPL. Application are received through the state Basic Health Program (BHP) and through the mail. Responsible for certifying eligibility and maintaining case files. Contacts with the section are either by telephone or mail.

TN# 94-09  
Supersedes  
TN# 90-25

Approved 10/12/94 Effective 7/1/94

MEDICAL ASSISTANCE ADMINISTRATION  
DIVISION OF CLIENT SERVICES  
Continued

● FAMILY SERVICES

Coordinates maternity and children's health related services, and maternity access to care for clients. Responsible for the program management of the "Healthy Kids" program and maternity case management; coordination of children's health issues; hospital based treatment for chemically dependent pregnant women; children's case management, and Family Planning services for clients. Coordinates access to care for children through the school system. Provides program information to field staff and other agencies as needed. Participates in the "First Steps" program for pregnant women and children.

● REFERRAL AND INFORMATION SERVICES

Operates a toll-free telephone system to address client questions and/or problems related to medical care. Maintains and operates a Local Area Network (LAN) that supports the operation of the toll-free lines. Assists clients with provider access and billing problems. Educates and communicates with clients, advocates and providers on client rights and responsibilities. Develops strategies for meeting the needs of minority clients. Responsible for ensuring that limited English speaking clients have equal access to care and services provided by the program.

Develops and administers statewide brokerage contracts for non-ambulance transportation to and from medical services.

TN# 94-09  
Supersedes  
TN# 90-25

Approved 10/12/94 Effective 7/1/94

**MEDICAL ASSISTANCE ADMINISTRATION  
DIVISION OF CLIENT SERVICES**



MEDICAL ASSISTANCE ADMINISTRATION  
DIVISION OF DISABILITY DETERMINATIONS

DIRECTOR

Senior Medical Consultant----	----- Secretary
MANAGEMENT SERVICES----	-----NORTHWEST REGIONAL OFFICE
SOUTHWEST REGIONAL----- OFFICE	-----EASTERN WASHINGTON REGIONAL OFFICE

- MANAGEMENT SERVICES

Central Offices handles: Policy and procedures; Office automation; Quality assessment; Professional relations; Disability hearings; and Program budget and fiscal services.

- REGIONAL OFFICES

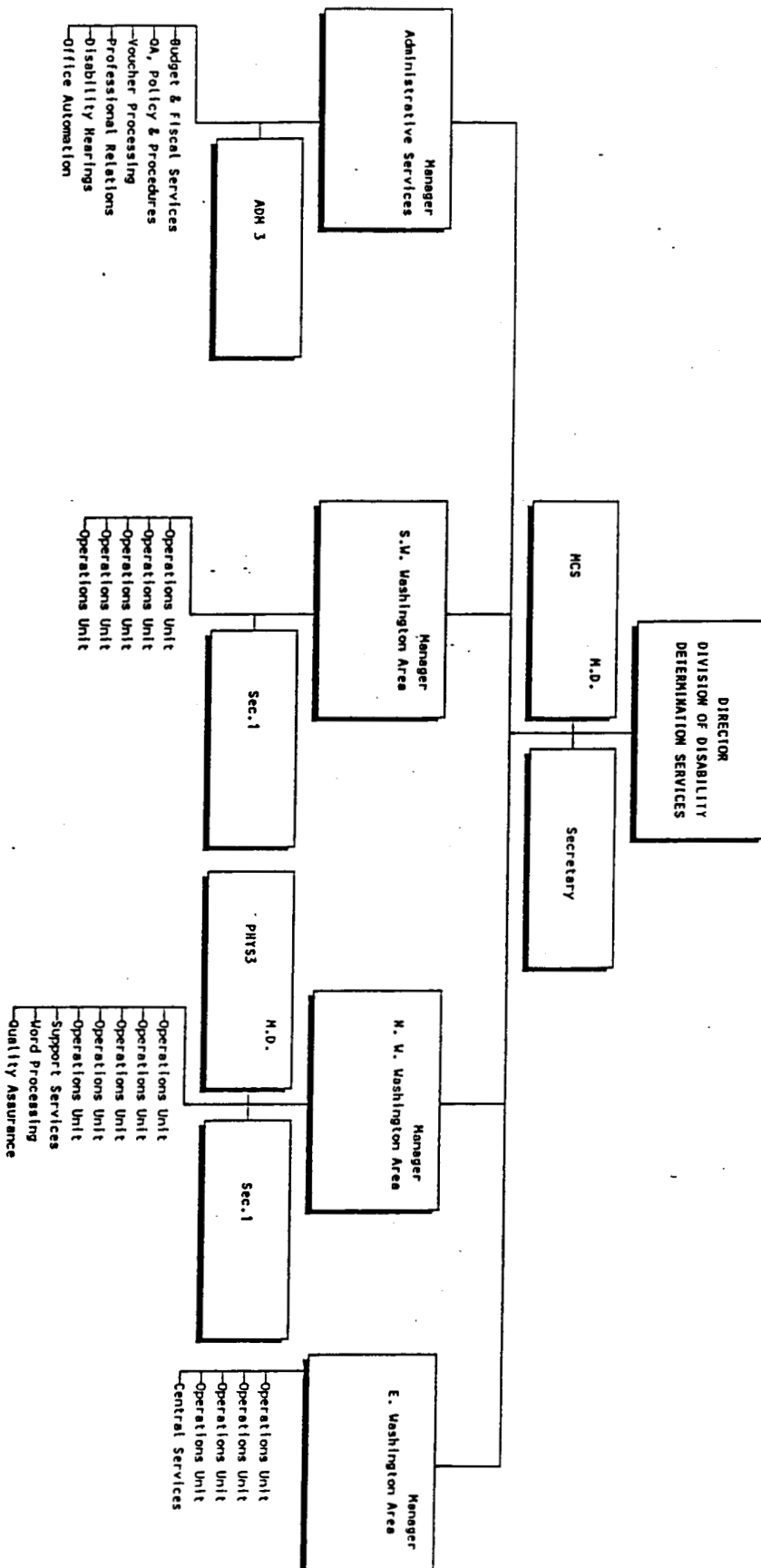
Determines eligibility for disability programs for clients of all income levels. Applications are taken in the local Social Security district offices for Title II and Title XVI benefits and the local Community Services Offices for Title XIX benefits.

Handles: Claims documentation, analysis and adjudication; Initial claims; Reconsideration of denials; Continuing disability benefits review; Quality assessment coordination; Training and staff development; Professional and customer relations and Automation coordination.

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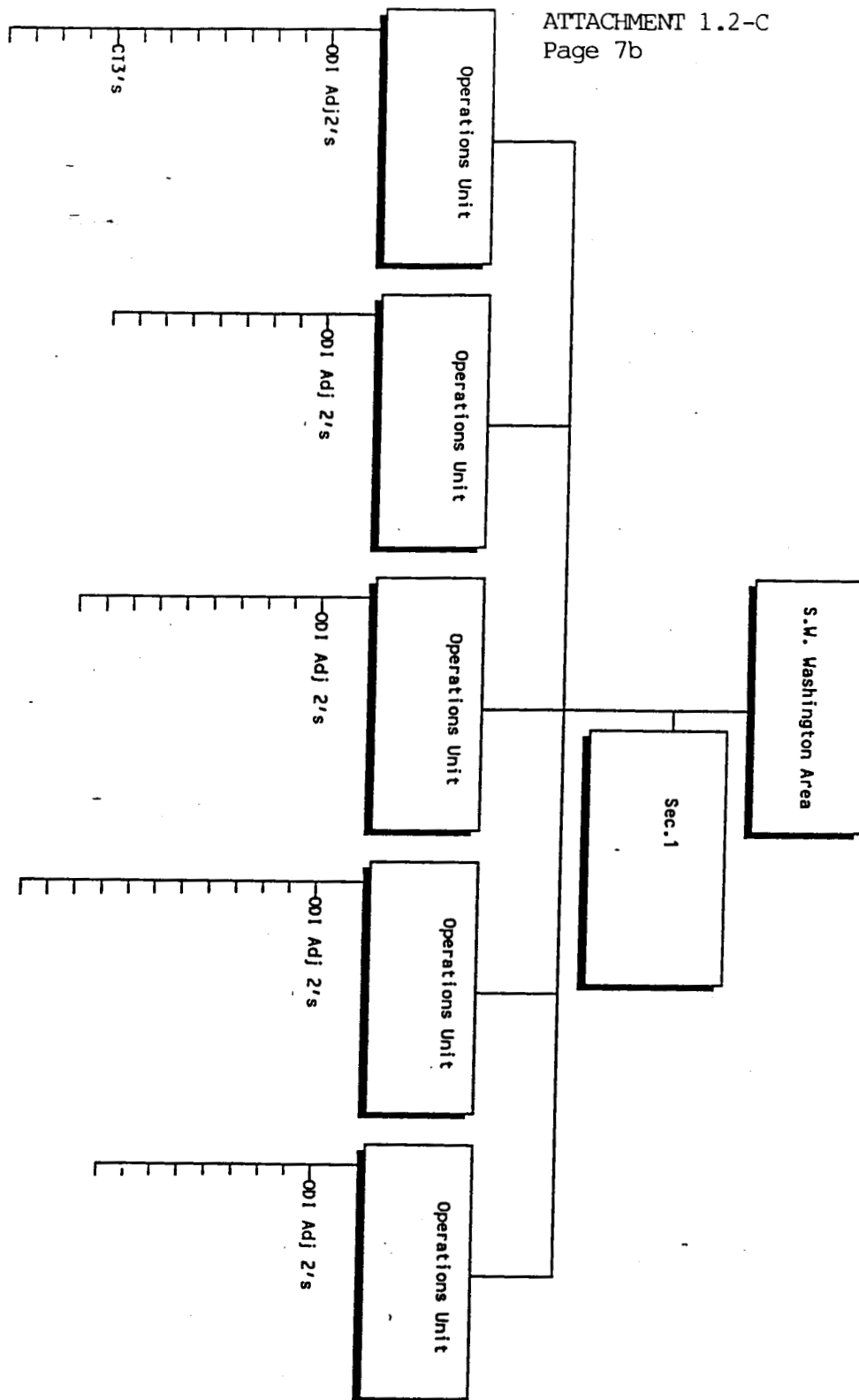
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Effective 7/1/94

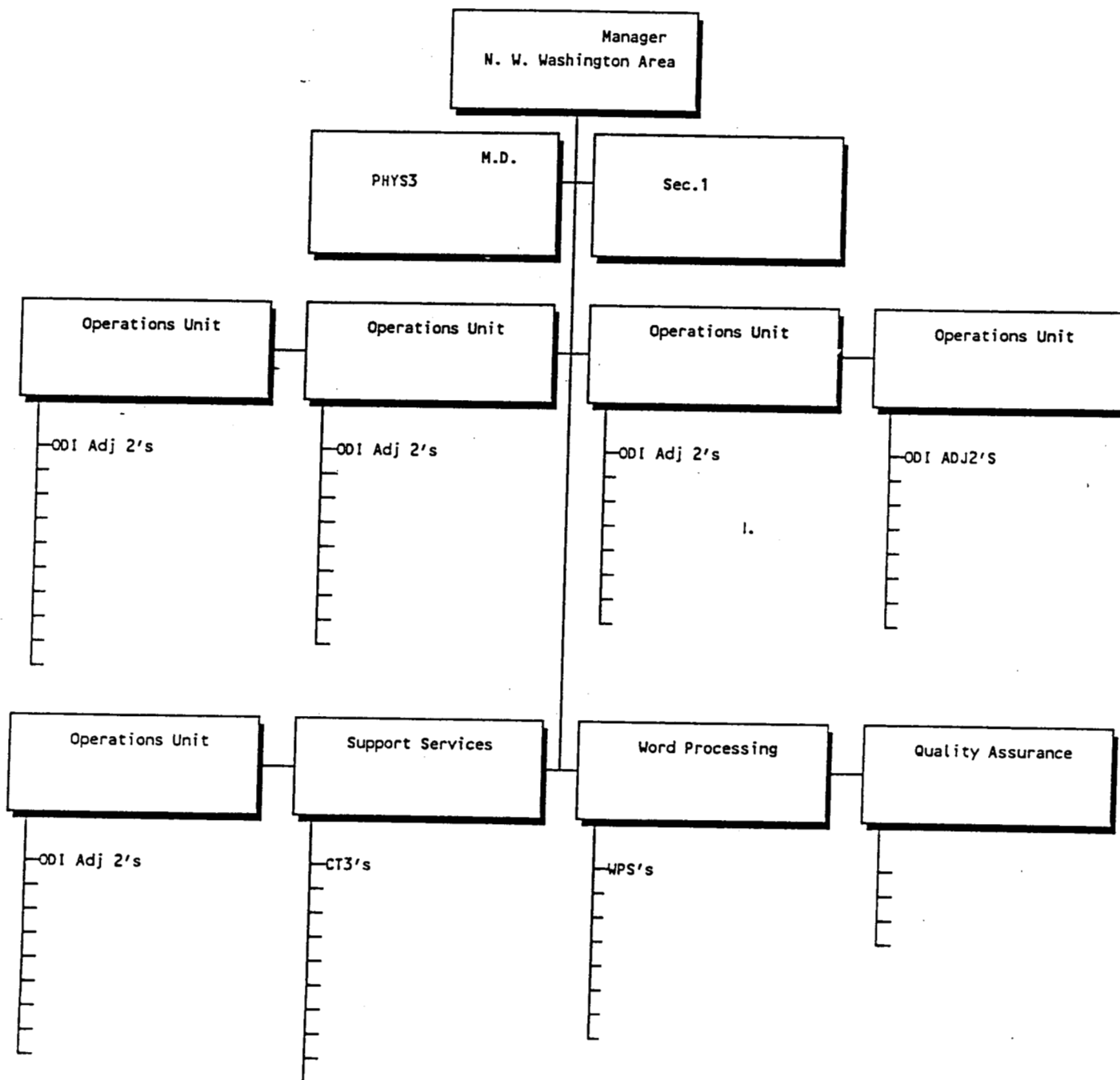


MEDICAL ASSISTANCE ADMINISTRATION  
DIVISION OF DISABILITY DETERMINATION  
JANUARY 1994

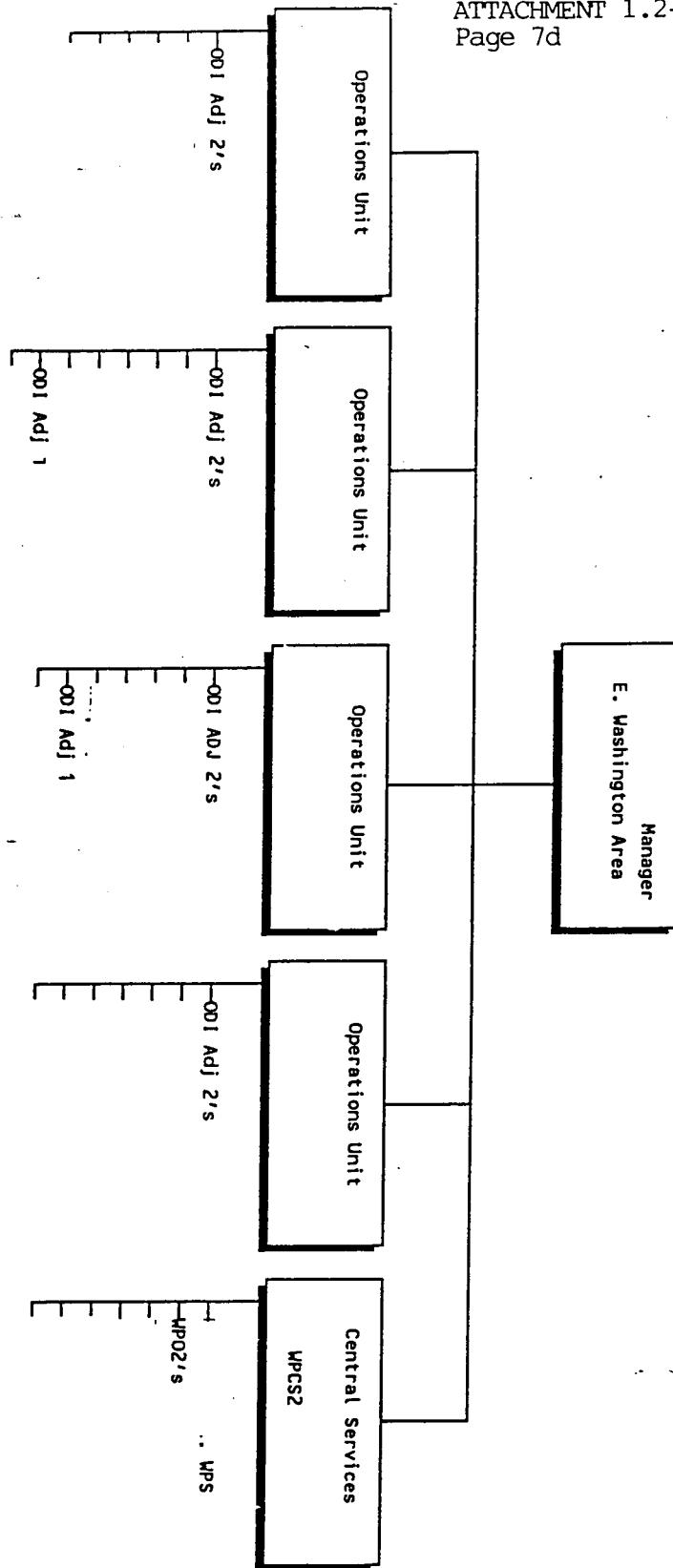
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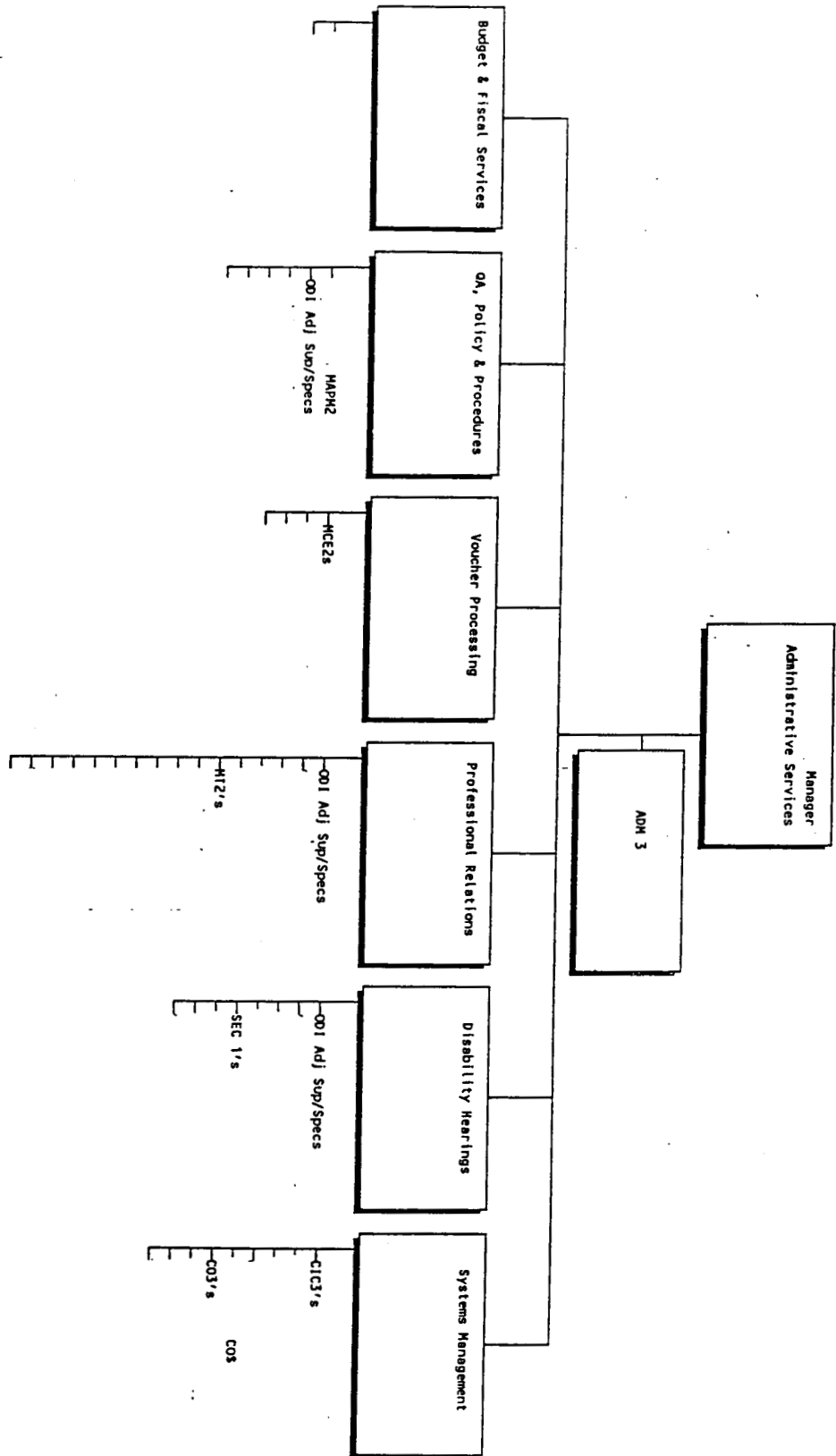


MEDICAL ASSISTANCE ADMINISTRATION  
DIVISION OF DISABILITY DETERMINATION  
JANUARY 1994



MEDICAL ASSISTANCE ADMINISTRATION  
DIVISION OF DISABILITY DETERMINATION  
JANUARY 1994





TN 94-09

Supersedes TN 90-25

Approved *10/2/94*

Effective 7/1/94

MEDICAL ASSISTANCE ADMINISTRATION  
OFFICE OF MANAGED CARE  
JULY 1994

CHIEF

Client Advocate-----	----- Secretary
HEALTHY OPTIONS PLAN--- WEST	-----HEALTHY OPTIONS PLAN EAST
PATIENTS REQUIRING----- REGULATION	-----CENTRAL ENROLLMENT
QUALITY ASSURANCE-----	

- HEALTHY OPTIONS

Develops, implements a statewide, community-based mandatory managed health care plan for selected Medicaid clients. Develops, implements and monitors contracts with managed health care systems (MHCS) participating under the Medical Assistance program. Maintains and monitors the federal waivers granted to establish mandatory managed health care systems under the Healthy Options program and the Sound Care Plan of Kitsap, Jefferson and Mason counties.

Develops materials and strategies for client, provider and community education about the managed care concept and its operations.

- PATIENTS REQUIRING REGULATION

Reviews utilization patterns of medical services obtained by clients of Medical Assistance. Controls utilization abuse by restricting abusing clients to primary providers.

- CENTRAL ENROLLMENT UNIT

Processes managed care plan enrollments, disenrollments, plan changes, exemption requests and complaints. Verifies and coordinates client eligibility, third party liability coordination, account and data maintenance.

TN# 94-09  
Supersedes  
TN# 90-25

Approved 10/12/94

Effective 7/1/94